

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 2/10/04.

I. DISPUTE

Whether there should be additional reimbursement for date of service 6/28/03. The Carrier denied reimbursement as “G X212 – This procedure is included in another procedure performed on this date. F Z560 – The charge for this procedure exceeds the scheduled allowance for multiple procedures. F Z605 – The charge exceeds the scheduled allowance for multiple procedures.”

II. FINDINGS

Pursuant to Rule 133.308(i)(8), the Commission previously dismissed the medical necessity components as the file contained only unresolved medical fees issues.

III. RATIONALE

DOS	CPT	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
6/28/03	64440	\$350.00	\$0.00	G	\$152.00	TWCC Rule 133.307 (g)(3)(B)	See rationale below
6/28/03	64441	\$315.00	\$0.00	G	\$314.00	Same as above	See rationale below
6/28/03	64441	\$315.00	\$314.00	F	\$314.00	Same as above	See rationale below
6/28/03	J1040	\$60.00	\$0.00	G	No MAR	Same as above	See rationale below
6/28/03	J1885	\$100.00	\$0.00	G	No MAR	Same as above	See rationale below
6/28/03	J3490	\$30.00	\$0.00	G	No MAR	Same as above	See rationale below
Totals		\$1170.00	\$314.00				The Requestor is not entitled to reimbursement.

Rationale for above date of service 6/28/03:

The Commission requested additional documentation by a Medical Dispute Resolution Notice that was faxed to the Requestor on 3/26/03. The Requestor did not respond with relevant documentation to support delivery of service in accordance with TWCC Rule 133.307(g)(3)(B). Therefore, reimbursement is not recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the Requestor is not entitled to reimbursement.

The above Decision is hereby issued this 19th day of April 2004.

Pat DeVries
Medical Dispute Resolution Officer
Medical Review Division

PD/pd